



# KNIGHTS OF COLUMBUS®

## Survey Report

### Council's Review Survey of Round Table

Date: \_\_\_\_\_ Due By: Sep. 1<sup>st</sup>

District # \_\_\_\_\_ Council # \_\_\_\_\_ Location \_\_\_\_\_

District Deputy Name: \_\_\_\_\_

Grand Knight Name: \_\_\_\_\_

Council Diocese: \_\_\_\_\_ Parish Name: \_\_\_\_\_

Parish City: \_\_\_\_\_

Round Table Coordinator Name (If Council Has Round Table) \_\_\_\_\_

Coordinator Member Number: \_\_\_\_\_

Parish Pastor Name (Father, Monsignor or Bishop): \_\_\_\_\_

Multiple Parishes Names: \_\_\_\_\_

Multiple City of Parish: \_\_\_\_\_

Multiple Priests Assigned: \_\_\_\_\_

1. Number of members of the Knights of Columbus in Parish: \_\_\_\_\_

2. How Many Families in each Parish: \_\_\_\_\_

3. Has the Grand Knight or Coordinator held annual review with the Pastor or Pastors of all parishes

Yes \_\_\_\_\_, Result of Review: \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Grand Knight Signature

\_\_\_\_\_  
Grand Knight Member Number